

Treatments for Inflammatory Bowel Disease – An Update

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Inflammatory Bowel Disease (IBD) – Crohn's Disease & Ulcerative Colitis is a chronic, disabling inflammatory condition of the gastrointestinal tract associated with increased rates of hospitalization, surgery and a reduced quality of life. There have been recent developments of several new drugs & potential novel treatments but NO known cure.

TREATMENTS: Symptoms do not reflect the inflammation in IBD, therefore regular appointments with your doctors, and monitoring with blood tests, stool tests and colonoscopies is important.

Biologic Drugs

These drugs are reserved for patients with moderate to severe IBD where disease has remained active despite other treatments. There are four biologic drugs currently available including the Anti-TNF drugs (Infliximab and Adalimumab), Ustekinumab and Vedolizumab.

Anti TNF drugs block a substance produced by patients with IBD that causes inflammation, they have revolutionized management of IBD, with more than 10 years of experience with these drugs. Most patients will have some response initially but some of these will lose response over time which is a problem. These drugs are: **Infliximab** is now PBS listed for the treatment of acute severe Ulcerative Colitis and has reduced the risk of colectomy in the short term. There are some risks related to the use of Anti-TNF agents including an increased risk of infections (but these risks are low).

Ustekinumab: This drug was listed by the PBS for use in Crohn's disease in 2017. It works by reducing inflammation in the body, and has been used for Rheumatoid Arthritis for many years. It appears to be well tolerated and safe.

Vedolizumab: This drug works by reducing inflammation in the bowel only and therefore offers selective immunosuppression (compared to the other biologic drugs). It is well tolerated and does not appear to be associated with an increased risk of infections. It does not appear to work as quickly as the other biologic drugs.

NOVEL TREATMENTS

Microbial Manipulation: Patients with IBD have different gut bacteria to healthy people. There is an increasing interest in microbial manipulation as a treatment for IBD. **Prebiotics** have not been found to offer any symptomatic benefit to patients with IBD. The use of **probiotics** in IBD remains controversial with exception being perhaps pouchitis.

Faecal Microbiota Transplantation (FMT): This is when a bowel action(stool) is provided by a healthy individual (donor) and made into an infusion which is given via the Colonoscope or an enema to patients with a gastrointestinal problem. There have been 4 trials worldwide in the use of FMT for ulcerative colitis (each

with less than 100 patients), two trials in Australia over recent years had positive short-term results (where FMT was superior to placebo in the control of disease activity in ulcerative colitis). Whilst this is a promising therapy, larger trials and longer term follow up is needed in order to establish the role for FMT in the treatment of UC going forward. There are no randomized clinical trials looking at FMT for the treatment of Crohn's disease. FMT for Crohn's can therefore not currently be recommended outside of a clinical trial.

Stem Cells in Perianal Crohn's Disease: Stem cells provide new cells for the body as it grows & replaces specialized cells that are damaged or lost. In small studies stem cell therapy for perianal fistulas in Crohn's disease have proved to be a promising treatment. Larger trials are needed and this therapy is not currently available as yet in Australia.

General Management: Frequent disease assessment and timely escalation of medical therapy if disease is active is important. Diet, Bone Health, Vaccinations, skin care, screening for malignancy, & **Psychological health are all important.** Faecal calprotectin is a useful and readily available test which can identify patients with gastrointestinal symptoms who may have IBD and should be performed by GP'S who are suspicious of this condition.

The Gutsy Group which is a Not for Profit organization run by volunteers which supports important Australian research into inflammatory Bowel Disease. info@thegutsygroup.com.au

Summarised by Lilian Leonard with the assistance & approval of DR Emily WRIGHT February 2018